

Effective October 1, 2000

Application or Docket Number 697 2645

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			81					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		. 61			X\$ 9=		OR	X\$18=	1098
INDEPENDENT CLAIMS			/ minus 3 =		· A			X40=	-	OR	X80=	540
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	2368	
CLAIMS AS AMENDED - PART II											OTHER	
	***	(Column 1) CLAIMS		(Colu		(Column 3) SMALL				OR	SMALL	No.
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ALTATION OF AN	Minus	***	T CL A444	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		1	+135=		OR	+270=	
								TOTAL		ام	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	- 337	,	ADDIT. FEE	L
		(Column 1) CLAIMS			mn 2) (EST	(Column 3)	1 1		ADDI-	1		ADDI-
AMENDMENT B	,	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NOW	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN.	I CLAIM		J	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		JOH	ADDIT. FEE	
		(Column 1) CLAIMS	3		mn 2) HEST	(Column 3)	4.					T
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***]=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		L					
	f the entry in colu	mn 1 is less than t	he entry in col	umn 2 writ	e "0" in co	olumn 3		+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Num	nber Previously Pa	id For" (Total	or Independ	lent) is th	e highest numb	er fo	und in the app	propriate bo	x in co	lumn 1.	